

voice makes it clear the activities set forth at 36, 37, 38, 39, and 50 are performed by the staff physician. The use of the passive voice following col. 5, line 11 renders the role of the staff physician less clear, but given the staff physician's role in the activities of 36, 37, 38, and 50 and the fact that it is clearly the staff physician who provides tutorial materials to the first physician (col. 4, lines 14-19), no one skilled in the relevant arts would doubt that the staff physician plays a role in activities 55, 63, and the activities of accreditation module 70 similar to his or her role in the activities of 36, 37, 38, and 50. FIG. 1 and the description at col. 3, line 26 through col. 5, line 67 thus "reasonably convey to one skilled in the relevant art that the inventors at the time the application was filed has possession of the invention of claim 1".

The rejection of claim 2

The added limitation of claim 2 is shown at 39 in FIG. 1 and described at col. 3, line 49-col. 4, line 19.

The rejection of claims 3 and 4

The added limitations of claim 3 and 4 are shown at 70 in FIG. 1 and described at col. 5, lines 48-67.

The rejections under 35 U.S.C. 103

Claims 1 and 2 are rejected under 35 U.S.C. 103 as obvious over Fontela and claims 3 and 4 are rejected under 35 U.S.C. 103 as obvious over the combination of Fontela

The claims presently in the application are all directed to a method of "providing continual medical education credit to a first physician for a consultation between the first physician and a second physician" where the method includes the step of "arranging and conducting the consultation via the telecommunications system under supervision of a *medical information specialist* in the intermediary who is neither the first nor the second physician" (emphasis added). Further steps in the method concern a "comment made with regard to the consultation" which is "provided to the medical information specialist". The medical information specialist then "evaluat[es] the consultation

represented by the comment to determine whether the first physician is entitled to continuing medical education credit on the basis of the consultation represented by the comment”.

- 5 In her rejection, Examiner cites Fontelo, page 141, col. 2, paragraphs 2-3, the paragraph bridging page 141, col. 2 and page 142, col. 1, and page 142, col. 2, par. 1. The cited locations describe how the World Wide Web may be used for CME and how participating physicians may receive credit for the CME. As disclosed in the reference, a user of Fontelo’s system simply employs a Web browser to examine CME materials at a
- 10 Web site. To receive credit for the CME, the user returns a question and evaluation form to the Web site. Examiner combines Fontelo with Official Notice to find the claim limitation of “otherwise not so certifying”

- Neither the cited locations nor any thing else in Fontelo describes what is being claimed
- 15 in Applicants claim 1, namely granting CME in the context of a *medical consultation* which is arranged and conducted by an intermediary between a first and second physician and supervised by a *medical information specialist* in the intermediary who is neither the first nor the second physician and who further evaluates the consultation to determine whether the first physician is entitled to continuing medical education credit on the basis
- 20 of the consultation represented by the comment. Since Fontelo does not disclose these limitations, the reference combined with Official Notice does not disclose all of the limitations of claim 1 and Examiner has not made the *prima facie* case of obviousness required by MPEP 2142

25 *Dependent claims 2-4*

- The rejections of these claims all depend upon the rejection of claim 1 based on Fontelo; since that rejection is without basis, so are the rejections of these claims without basis. In particular, the additional steps of claims 2-4 are “performed in the intermediary under supervision of the medical information specialist”. Since there is no disclosure in Fontelo
- 30 of an intermediary or of a medical information specialist who supervises the consultation in the intermediary, there is also no disclosure of the additional steps of these claims and

these claims are additionally patentable in their own rights over the Fontelo and Galewitz references.

Conclusion

5 Applicants have demonstrated that the claims of the RCE are fully supported by the Specification as filed and that the references cited by Examiner do not establish the *prima facie* case of obviousness required for a rejection under 35 U.S.C. 103. The claims are consequently patentable over the references. Applicants therefore request that Examiner allow the claims. A fee for a 1-month extension of time accompanies this response. No
10 other fees are believed to be required, should any be, please charge them to deposit account number 501315.

Respectfully submitted,

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